Pressure injuries: Just the facts!

Prevention and management of pressure injury requires a multidisciplinary approach and their prevention should be a high priority for all health professionals, health consumers and carers.

This factsheet has been produced by the Pan Pacific Pressure Injury Alliance (PPPIA) to provide facts and figures related to pressure injuries for use by the public, media representatives, healthcare professionals, researchers, policy makers and politicians.

Definition

A pressure injury (PI) is a localised injury to the skin and/or underlying tissue, usually over a bony prominence, resulting from sustained pressure, including pressure associated with shear.

Pressure Injury Classification

Category I: Non-blanchable Erythema

Intact skin with non-blanchable redness of a localised area usually over a bony prominence. Darkly pigmented skin may not have visible blanching. Its colour may differ from the surrounding area.

Category II: Partial Thickness Skin Loss

Partial thickness loss of dermis presenting as a shallow open injury with a red pink wound bed, without slough. May also present as an intact or open/ruptured serous-matted blister.

Category III: Full Thickness Skin Loss

Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

Category IV: Full thickness skin loss

Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often include undermining and tunneling.

Unstageable: Depth Unknown

Full thickness tissue loss in which the base of the injury is covered by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black) in the wound bed.

Suspected Deep Tissue Injury: Depth Unknown

Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure injury and/or shear. The area may be preceded by tissue that is painful, firm, mottled, boggy, warmer or cooler as compared to adjacent tissue.

Pressure Injury Classification

STOP PRESSURE INJURY DAY

Pressure Injuries: The Impact

In the Pan Pacific region and worldwide, pressure injuries (PIs) represent a major burden for health consumers, their caregivers and the healthcare system. Despite a general consensus that PIs are preventable adverse events, they continue to remain a problem in all health care settings. In addition to the significant financial costs (to health services and patients), PIs are associated with significant social cost in terms of increased morbidity and mortality, pain, decreased mobility, loss of independence, social isolation and lost work time. As health care professionals, these are factors that warrant our concern.1

International studies indicate a wide range in PI prevalence, related to the care setting and types of patients. In Australia, one estimate of PI prevalence in acute and sub-acute health care facilities ranged from range 5.6% to 48.4% (mean 20.5%).2 A second Australian study2 indicated in acute and sub-acute health care facilities prevalence from 4.5% to 36.7%.3

Pressure injury prevalence ranges from 29% to 38.5% in New Zealand,4 9% to 14% in acute and rehabilitation settings in Singapore and 21% in rehabilitation settings in Hong Kong.5 The variations in prevalence rates appear primarily related to study methods.6 Approximately 67% of PIs identified are acquired within a facility,7 with most PIs being stage I or II and located over the sacro-coccygeal region, heels, elbows or malleoli.8

Facility lengths of stay and readmission rates, as well as hospital charges, are greater in individuals who develop a PI,9 with the development of a single PI estimated to increase the patient’s length of stay five-fold.10 One 2005 Australian study11 predicted the number of cases of PI in adults, the bed days lost, and the economic value of these losses at public hospitals. The authors reported a median of 95,695 cases of PIs in Australian public hospitals, with a median of 398,432 bed days lost. The median opportunity costs were AU$285 million nationally. The most recent modelling in Australia estimated that direct costs associated with PI management in the acute care sector were approximately AU$1.6 billion.12 No recent publications provide estimates of PI management costs in New Zealand or south-east Asia.

Despite being a largely preventable health problem, PIs remain prevalent and extract a considerable fiscal and social cost. This significance is recognised through the incorporation of PIs within the Australian Commission on Safety and Quality in Healthcare Standards. In the Pan Pacific region, two clinical practice guidelines are available to promote evidence-based prevention and management of PIs.